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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration  
Submitted  
with Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number

AD # -103

First Named Inventor

Todd M. Schulze

COMPLETE IF KNOWN

Application Number

/

Filing Date

/

Group Art Unit

/

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Weldment Plate Spacer/Support

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

(if applicable).

Application Number

and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
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None

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
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None

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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## DECLARATION — Utility or Design Patent Application

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:  A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))	Todd M.	Family Name or Surname	Schulze
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Inventor's Signature	Todd M.		
-------------------------	---------	--	--

Date: 1-26-01

Residence: City	Albion	State	PA	Country	USA	Citizenship	USA
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Mailing Address: 8282 McKee Rd.

Mailing Address

City	Albion	State	PA	ZIP	16401	Country	USA
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NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))	Brandi L.	Family Name or Surname	Elliott
---	-----------	---------------------------	---------

Inventor's Signature	Brandi L. Elliott		
-------------------------	-------------------	--	--

Date: 1-26-01

Residence: City	Albion	State	PA	Country	USA	Citizenship	USA
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Mailing Address: 8282 McKee Rd.

Mailing Address

City	Albion	State	PA	ZIP	16401	Country	USA
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Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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PTO/SB/02A (11-00)

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## DECLARATION

### ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature	Clayton E. Schulze		Date Jan, 29, 01
Residence: City	Albion	State PA	Country USA
Mailing Address 8282 McKee Rd.			
Mailing Address			
City Albion	State PA	ZIP 16401	Country USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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PTO/SB/81 (10-00)

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number

Filing Date

First Named Inventor

Todd M. Schulze

Group Art Unit

Examiner Name

Attorney Docket Number

AD # -103

I hereby appoint:

Practitioners at Customer Number

23658



OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Address			
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Country			
Telephone	Fax		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

### SIGNATURE of Applicant or Assignee of Record

Name	Clayton F. Schulze
Signature	
Date	Jan, 29, 01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

Total of 3 forms are submitted.

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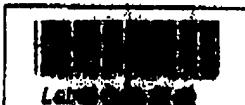
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Application Number	
Filing Date	
First Named Inventor	Todd M. Schulze
Group Art Unit	
Examiner Name	
Attorney Docket Number	AD # -103

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OR  
 Practitioner(s) named below:

Name	Registration Number

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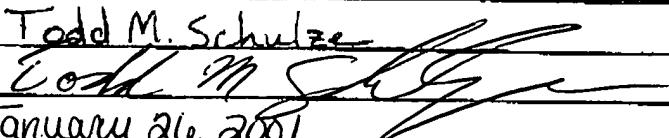
OR

<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		

I am the:

Applicant/Inventor.  
 Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

## SIGNATURE of Applicant or Assignee of Record

Name	Todd M. Schulze		
Signature			
Date	January 26, 2001		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Todd M. Schulze
Group Art Unit	
Examiner Name	
Attorney Docket Number	AD#-103

I hereby appoint:

 Practitioners at Customer Number

23658



OR

 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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<input type="checkbox"/> Firm or Individual Name			
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Address			
City	State	Zip	
Country			
Telephone	Fax		

I am the:

 Applicant/inventor. Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

## SIGNATURE of Applicant or Assignee of Record

Name	Brandi L. Elliott		
Signature	Brandi L. Elliott		
Date	January 26, 2001		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

\*Total of 3 forms are submitted.